

## **Discussion of Revised Program Document Review Process October 2015**

### **Overview**

This agenda item provides the COA with an opportunity to discuss the new approach to the program document review process as adopted by the Commission in August 2015.

### **Staff Recommendation**

This item is for discussion and input in developing processes and procedures to implement the new approach.

### **Background**

On August 27, 2015, the Commission took action to approve a new approach to the submission and review of documentation to ensure alignment with credential program standards.

The August 2015 Commission agenda item is included in the appendix to this item and can also be found at <http://www.ctc.ca.gov/commission/agendas/2015-08/2015-08-3C.pdf>. Commission staff will review the revised approach for document submission with the COA and discuss implications for the work of streamlining and strengthening the accreditation system. The specific requirements will be finalized after the adoption of the Preliminary Multiple and Single Subject Standards, the revised Induction Standards, and the revised Teaching Performance Expectations. Additional agenda items on this topic will be presented at future COA meetings.

The COA discussion will help guide the development of submission processes, review protocols, and revisions to the *Accreditation Handbook*.

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# 3C

## Information/Action

### *Educator Preparation Committee*

#### **Activities of the Revised Accreditation System: Program Document Review**

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**Executive Summary:** This agenda item provides an update on the work to strengthen and streamline the Commission's Accreditation system. The item reports on the proposed activities of the revised accreditation system resulting from the work of the Accreditation Process and Procedures Task Group with a focus on program document review.

**Policy Question:** Does the proposed program document review component align with the Commission's expectations?

**Recommended Action:** That the Commission approve the concept contained in this item as it relates to document review activities of the accreditation system and direct staff to develop revised language for the Accreditation Framework.

**Presenters:** Cheryl Hickey and Catherine Kearney, Administrators, Professional Services Division

#### **Strategic Plan Goal**

#### ***II. Program Quality and Accountability***

- a) Develop and maintain rigorous, meaningful, and relevant standards that drive program quality and effectiveness for the preparation of the education workforce and are responsive to the needs of California's diverse student population.

August 2015

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## Activities of the Revised Accreditation System: Program Document Review

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### Introduction

This agenda item presents an update on the work accomplished to date by the Accreditation Policy and Procedures Task Group to strengthen and streamline the Commission's Accreditation System. Prior updates were provided at the April and June 2015 Commission meetings. This item proposes revisions to the current requirements for programs submitting program documents for review that would significantly streamline the amount and type of documentation reviewed prior to an onsite visit (currently known as "Program Assessment") to ensure alignment with program standards.

### Background

The Accreditation Policy and Procedures Task Group was charged with recommending changes to accreditation policies and procedures based on new standards, assessments and an increased focus on candidate and program outcomes. As part of this work, the Policy and Procedures Task Group recommended revisions to the 7-year accreditation cycle. At the June 2015 Commission meeting, the Commission approved the outline of the plan for the revisions to accreditation cycle. (<http://www.ctc.ca.gov/commission/agendas/2015-06/2015-06-5C.pdf>). The Commission's new policy will maintain a "standard" seven-year accreditation cycle for all institutions, while also differentiating levels of oversight for institutions requiring either greater or lesser oversight. (Future agenda items will discuss the proposed criteria for differentiation.) Below is a summary table of the "standard" seven-year cycle. The activities identified in the table are described briefly below the table.

Accreditation Activity	Year of Cycle						
	1	2	3	4	5	6	7
<b>Data Submission for Institution and all Programs:</b> Submission of Candidate Assessment, Program Effectiveness, Survey and Examinations data, Analysis of Data (formerly Biennial Report). Staff monitors submission and reviews.	X	X	X	X	X	X	X
<b>Submission of Preconditions:</b> Institutions address preconditions (General and Program) with supporting documentation. Staff reviews.	X			X			
<b>Program Document Review:</b> Institutions complete the Program Document Review for all Commission-approved programs (formerly Program Assessment). BIR members review.					X		
<b>Common Standards:</b> Institution submits a response addressing the Common Standards with supporting documentation. BIR members review.					X		
<b>Verification (Site Visit):</b> Institution hosts a site visit. BIR members make decisions on standards and a recommendation on accreditation status to the COA. COA makes the accreditation decision and determines what, if any, follow up is required in Year 7.						X	
<b>Follow Up</b> as required by the COA after the site visit. Staff monitors the actions taken by the institution to address concerns identified. If COA requires, a revisit may take place and members of the BIR would attend.							X

## **Summary of Proposed Accreditation Cycle Activities**

This item illuminates proposed changes to the *Program Document Review* accreditation activity which is proposed to take place during Year Five. In order to provide context for this aspect of the accreditation system, the activities of the other six years are summarized briefly below prior to presenting the proposed changes to Program Document Review.

### Annual Submission and Review of Data

*Candidate Assessment and Program Effectiveness Data, Collection, Analysis and Posting* – The revised accreditation system would maintain the expectation that all programs review candidate competence and program effectiveness data on an ongoing, annual basis and use the data to inform program modifications. The new system, however, significantly enhances this aspect of accreditation by including more consistent and reliable data to determine program quality and inform the need for points of intervention. The development of the Data Warehouse and use of survey data are two important new features of the revised accreditation system.

In anticipation of the Data Warehouse becoming operational in 2017-18, Biennial Reports would continue to be submitted and reviewed by staff in both 2015-16 and 2016-17. The current Biennial Report template along with instructions and a guidance rubric have been revised to both strengthen and streamline the process. These documents are available at <http://www.ctc.ca.gov/educator-prep/program-accred-biennial-reports.html>.

Once the data warehouse is operational, institutions would be responsible for submitting required data annually, and staff would review data from the institution, survey results, and assessment data in order to monitor and adjust accreditation activities appropriately. Future agenda items will address data expectations and use in accreditation.

### Years One and Four

*Preconditions* – Given the fact that preconditions are foundational in nature are grounded in state statute, regulations, and Commission policy, it is proposed that preconditions be submitted and reviewed twice during the accreditation cycle. Increasing the frequency of the review of preconditions would provide the Commission with greater assurance that all institutions remain in compliance with statute, regulations, and state policy.

### Year Five

*Common Standards and Program Documentation Review* – Currently, these two processes occur in different years – program review takes place through a review of the program's documentation during Year Four, with confirmation occurring during the site visit in Year Six that the program standards are effectively being implemented. In addition, the review of documentation regarding the effective implementation of the Common Standards also takes place as part of the site visit process in Year Six. In most cases, these reviews are completed by different reviewers. Merging these two functions in the same year, to be conducted by the same reviewers with a subset of these reviewers also making up the site visit team, should enhance the reviewers' understanding of the institution and all its programs.

Because fewer reviewers would be needed under this model, merging these two functions should also help address the severe shortage of reviewers that the Commission currently has under the existing process. The proposed changes to the Program Document Review activity are significant and detail is provided in the next section of this agenda item.

#### Year Six

*Verification of Effectiveness (Site Visit)* – Under the revised system, the site visit remains an essential part of the structure in the new cycle. All institutions would host an accreditation site visit review in the sixth year of the cycle. The site visits would vary in focus, duration, and structure depending on the outcomes data that have been submitted. The COA could place stipulations on the institution that result in the institution hosting its next site visit within a shorter span of time, or after stipulations have been resolved.

#### Year Seven

*Follow Up* – The follow up process remains essential for ensuring that institutions address issues of concern identified by the review team. When making an accreditation decision, the COA may place stipulations and/or additional reporting requirements that must be addressed in the seventh year.

#### **Program Document Review for Approved Programs**

The program document review process that is envisioned for the future would provide the Commission and the Institutional Review Team with evidence that an institution is consistently meeting program standards, but with significantly less narrative required than the current system. Under the current system, programs respond to each sentence in each standard for all credential programs offered. In a narrative form, programs describe “how” they are aligned to each phrase in each standard and are required to provide evidence that demonstrates that they are, in fact, doing what their documents say they do in the manner in which they say they do it. As a result, narratives responding to program standards are voluminous, often exceeding one thousand pages. Feedback from institutions has indicated that this process is overly burdensome and time consuming. Likewise, reviewers have stated that the exceedingly large amount of text that they need to review impedes their ability to understand whether the program is addressing the key program requirements. This proposal would dramatically streamline the process but still ensure that the program, as designed, is aligned to the Commission’s standards.

Under this proposal, programs not yet approved by the COA will continue to submit full standards narratives as part of Initial Program Review (IPR). However, once initially approved, programs would not be required to submit full narrative responses to standards unless it is determined that there is inadequate evidence to demonstrate implementation and it is determined that a full program review is needed. Not only should this proposed streamlined approach assist institutions in allocating limited resources, but it should also have a dramatic impact on the length, time, and number of reviewers required to review the submissions. Response time to institutions should decrease significantly while enhancing reviewers’ understanding of programs operations as well.

Rather than requiring the program to respond to each and every standard with lengthy narrative, the Program Document Review submission would include the requirement of specific documentation in seven key categories: 1) Program Description, 2) Organizational Structure, 3) Qualifications of Faculty and Instructional Personnel, 4) Course Sequence, 5) Course Matrix, 6) Fieldwork and Clinical Practice, and 7) Credential Recommendation. Staff is currently reviewing standards for all credential programs to determine what, if any, additional items may be required of specific types of educator preparation programs.

The planned documentation is listed below and a draft of proposed directions to program sponsors is provided in the Appendix. The program documents enumerated below would focus the amount and type of information provided by all Commission-approved educator preparation programs to demonstrate alignment to the Commission's program standards, unless the review team determines additional narrative or documentation is necessary.

### **Summary of Proposed Program Document Review Required Exhibits**

#### **Program Description**

- 1.1 Narrative Description not longer than 500 words
  - 1.1.1 Table depicting location(s), delivery model(s), and pathway(s)

#### **Organizational Structure**

- 2.1 Organizational Chart/Graphic

#### **Qualifications of Faculty and Instructional Personnel**

- 3.1 Faculty Distribution Table
- 3.2 Annotated Faculty List with links to Vitae and Syllabi
- 3.3 Adjunct Experience and Qualifications Requirements
- 3.4 Faculty Recruitment Documents (if applicable)

#### **Course Sequence**

- 4.1 Published Course Sequence from Course Catalog

#### **Course Matrix**

- 5.1 Course matrix with links to specific activities within the syllabi that provide documentation of Introduction (I), Practice (P), and Mastery (M) of candidate competencies. Mastery (M) must link to the assessments used to determine mastery. (See sample in program sponsor instructions).

#### **Fieldwork and Clinical Practice**

- 6.1 Table denoting number of hours of early fieldwork and clinical practice
- 6.2 Signed MOU or Partnership Agreement for Placements
  - 6.2.1 Documentation of Candidate Placements
- 6.3 Clinical Practice Handbook/Manual
  - 6.3.1 Sample Veteran Practitioner Training Materials

## 6.4 Fieldwork/Clinical Practice Syllabi

### 6.4.1 Clinical Practice Assessment Instruments

#### Credential Recommendation

##### 7.1 Brief description of process ensuring appropriate recommendation (200 words)

##### 7.1.1 Candidate Progress Monitoring Document(s)

Trained reviewers from the Commission's Board of Institutional Review (BIR) would review the program documentation during Year Five (rather than the current Year 4) of the seven-year accreditation cycle and develop a Preliminary Report of Findings on the alignment of program with the Commission's program standards. Whenever possible, the Site Visit team would be composed of a subset of the BIR members conducting the Program Document Review, thus strengthening the link between the two activities. The Preliminary Report of Findings provides a basis for the BIR team's review of the program's implementation in Year Six during the accreditation site visit to determine the degree to which program standards are met.

It is important to note that the program documentation is not reviewed as a single source of information. Data available in the data warehouse, such as survey data and assessment data, and data submitted by the institution annually, such as enrollment and completion data will be critical components used by the BIR members in understanding the program. Further, under the new system the program submission will be reviewed once and the institution will be provided feedback that will be required as part of preparation for the site visit in Year Six. The site visit team members will make all decisions if the program standards are met, met with concerns, or not met at the site visit.

#### **Staff Recommendation**

Staff requests that the Commission approve changes to the Program Document Review process and direct staff to further refine the process, as needed, and to propose appropriate revisions to the *Accreditation Framework* for the Commission's consideration and approval.

#### **Next Steps**

Based on the Commission's discussion and approval of conceptual changes to Program Document Review scheduled to occur during Year Five of the accreditation cycle, staff will continue to refine this concept further to ensure alignment specific to all programs and propose revisions to the *Accreditation Framework* for consideration at the October 2015 Commission meeting.

## Appendix

### DRAFT Program Document Review Instructions For Approved Programs

Program Document Review provides the Commission and the Institutional Review Team with evidence that an institution is consistently meeting program standards. Once approved (<http://www.ctc.ca.gov/educator-prep/new-program-submission.html>), programs will not be required to submit full narrative responses to standards unless it is determined that there is inadequate evidence to demonstrate implementation and it is determined that a full program review is needed. The program documents enumerated below provide the required information unless the review team determines additional narrative or documentation is necessary.

Trained reviewers from the Commission's Board of Institutional Review (BIR) will review the program documentation during Year 5 of the seven-year accreditation cycle along with annual program data and analysis, *Common Standards* responses and program-specific *Precondition* responses when needed, and provide a *Preliminary Report of Findings* on the alignment of program activities with program standards. The *Preliminary Report of Findings* forms the basis BIR team's review of the program's implementation in Year 6 during the accreditation site visit to determine the degree to which program standards are met.

The following items must be included in the Year 5 Program Document Review submission:

#### **1. Program Description** (less than 500 words).

This **brief description** provides the context for the review team. A clear description allows the reviewer to understand the remaining evidence submitted during Document Review but is not repetitive for exhibits that can stand on their own. For example, it is not necessary to describe the order in which courses occur because the submission of a Course Sequence is required. It might, however, be important to provide the reviewer with information as to whether courses are taken as a cohort, can be taken out of order, or other pertinent information that provides a clear picture of how the program is designed. The guiding philosophies for the program or specific mission should be included to help reviewers better understand the program.

The program description should also include a **table** showing delivery models (online, in-person, hybrid) and other options/pathways (intern, traditional, etc.) available for each location (if more than one).

✓ *Required Exhibit: 1.1 Narrative Description no longer than 500 words.*

*1.1.1 Table depicting location, delivery models, and pathways*



## 2. Organizational Structure

Provide a **graphic** to show how the program leadership and faculty/staff are organized within the program and how the program fits into the education unit, including faculty serving in non-teaching roles, including the roles and responsibilities of those involved in field placement aspects of the program. The graphic should depict the chain of authority and include individuals up to the dean or superintendent level.

✓ *Required Exhibit: 2.1 Organizational Chart/Graphic*

## 3. Faculty Qualifications

Three items are required.

1) Submit a **table** that provides an overview of faculty. The table should include numbers of full time, part time, and adjunct faculty. Vacancies should also be noted.

2) Programs must also submit a current **annotated faculty list** denoting which courses are taught by which faculty, including part time faculty members. It is not necessary to include intermittent adjunct faculty unless they are the only instructor for a particular course. The annotated list should include the faculty member's name, degree, status (fulltime, part time, adjunct), and list of the courses he/she teaches. The faculty member's name should link to his/her vita. The courses should link to his/her most recent syllabus for the courses notes. See example below:

[John Smith, Ph.D.](#)

Fulltime Tenure Track

[CURR131 Educational Foundations](#)

[CURR140 Classroom Management](#)

[EDADM220 Schooling in a Democratic Society](#)

3) Provide **published documentation** (electronic or print) regarding the experience and qualifications used to select adjunct faculty.

✓ *Required Exhibits:*     3.1 Faculty Distribution Table  
                                  3.2 Annotated Faculty List with links to Faculty Vitae and Syllabi  
                                  3.3 Published Adjunct Experience and Qualifications Requirements

✓ *Other Exhibits, if applicable:*   3.4 Faculty Recruitment Documents

#### 4. Course Sequence

Clear information about the sequence in which candidates take courses should be submitted. If the program is offered via more than one pathway or model, a **course sequence** should be provided for each pathway or model.

✓ *Required Exhibits: 4.1 Published course sequence from Course Catalog (digital or print)*

#### 5. Course Matrix

Each program must provide a **matrix** denoting the candidates' opportunity to learn and master the competencies for that credential. The required course names (not just course number) should go across the top of the matrix and the candidate competencies should be listed in the first column. For each competency it should be noted when the candidate is introduced (I), practices (P), and masters (M) the competency. These notations may occur under more than one course heading. Each notation should link to a specific place in the syllabus within that course that demonstrates that this is occurring. A partial sample is provided below.

	EDU 230 Classroom Management	EDU 234 Early Literacy	EDU 235 Teaching English Learners								EDU 452 Student Teaching
TPE 1	I, P										
TPE 2		P	P, M								M

✓ *Required Exhibit: 5.1 Course matrix with links to specific activities within the syllabi that provide documentation of Introduction (I), Practice (P), and Mastery (M) of candidate competencies. Mastery (M) should link to the assessments used to determine mastery.*

#### 6. Fieldwork and Clinical Practice

Programs must provide specific evidence of meeting the requirements of clinical practice as described in the Commission standards for that program. The required documentation is:

- 1) **A Table** that denotes the number of **hours** that each candidate is required to participate in early fieldwork and supervised clinical practice and how those hours are broken out across fieldwork/clinical experiences.
- 2) **Memorandum of Understanding (MOU) or Partnership Agreement** that clearly delineates the requirements of each candidate placement in alignment with the requirements of the Commission program standards for that program; expectations and criteria for veteran practitioner selection, training and evaluation; and support and assessment roles and responsibilities for the program and the district.
- 3) **Sample Training Materials** used to train Veteran Practitioners (ie master teachers) serving in support and/or supervisory roles.

- 4) **Documentation such as a spreadsheet or table** verifying appropriate placements for all candidates that align with the particular program standards. For example, in a multiple subjects program the spreadsheet would show that each candidate was placed in two different grade ranges.
- 5) **Published Manuals or Handbooks or Advising Materials** (electronic or print) that provide information to the district and candidates about expectations within the clinical experience including appropriate placements, veteran practitioner support, and information about clinical practice assessment.
- 6) 5) **Syllabi** for supervised clinical experiences. The syllabi should include information regarding how the candidate is assessed during clinical practice. Copies of blank assessment instruments should be included.

- ✓ *Required Exhibits:*
- 6.1 Table denoting number of hours of fieldwork, clinical practice*
  - 6.2 Signed MOU or Agreement for each placement*
    - 6.2.1 Documentation of Candidate Placements*
  - 6.3 Clinical Practice Handbook/Manual*
    - 6.3.1 Sample Veteran Practitioner Training Material*
  - 6.4 Fieldwork/Clinical Practice Syllabi*
    - 6.4.1 Clinical Practice Assessment Instruments*

## **7. Credential Recommendation**

Provide a **brief description** (200 words or less) of the program's process to ensure that only qualified candidates are recommended for the credential. The description should include a **link** to the program's **candidate progress monitoring document or other tracking tool** used to verify that candidate has met all requirements for the program prior to recommendation.

- ✓ *Required Exhibits:*
- 7.1 Description of process ensuring appropriate recommendation*
    - 7.1.1 Candidate Progress Monitoring Document*